

## PART B - ISSUE FEE (S) TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark up with any corrections or use Block 1)

REED SMITH LLP  
SUITE 1400  
3110 FAIRVIEW PARK DRIVE  
FALLS CHURCH, VA 22042



Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate.

## Certificate of Mailing

I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/873,206	06/05/2001	Tsuyoshi Yamamoto	NIPP.0001	4030

## TITLE OF INVENTION: OPTICAL MEASUREMENT DEVICE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1,300	\$300	\$1,600	06/10/2003

EXAMINER	ART UNIT	CLASS - SUBCLASS
HOANG TU BA	3742	600-323000

1. Change of correspondence address or indication of "Fee Address" (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required.
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

HITACHI, LTD.  
HITACHI MEDICAL CORPORATION

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan  
Tokyo, Japan

Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual ☒ Corporation or private group entity ☐ government

## 4a. The following fees are enclosed:

- ☒ Issue fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies: 3

## 4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1480 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature) (Date) May 19, 2003

Stanley P. Fisher Reg. No. 24,344 Jane C. Morgan Reg. No. 34,072  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered patent attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

05/21/2003 MBERHE1 00000011 09873206

01 FC:1501	1300.00 OP
02 FC:1504	300.00 OP
03 FC:8001	9.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Page 2 of 3